NOAA Form	56-48
(Rev. 6/01)	

U.S. Department of Commerce National Oceanic and Atmospheric Administration REQUEST FOR AIRCRAFT SUPPORT

MAIL OR FAX COMPLETED FORM TO: NOAA Office of Marine and Aviation Operations, Program Services and Outsourcing Division (OMAO3), SSMC3 Room 12872, 1315 East-West highway, Silver Spring, MD 20910. FAX: 301-713-1541; Phone: 301-713-1045. (Fax a copy to the Aircraft Operations Center Programs Office, Fax: 813-828-6881)				
Project Name (Or Brief Description of Mission)				
2. NOAA Strategic Plan Element Supported by the Project: (Select one)				
Unknown	Sustain Fisheries	Protect Species	Safe Navigation	
Decadal/Centennial	Healthy Coasts	Seasonal/Interannual	ASTWFS	
Requested Project Dates		4. Total Number of Project Days		
5. Requested Flight Hours		6. Type of Aircraft Requested		
7. Project Area (Staging Area and Area of Operations)				
8. Flight Schedule Profiles (i.e., Altitude, speed duration, time of day, required weather)				
ADDITIONAL INFORMATION WILL BE NEEDED FOR PROJECTS REQUIRING AIRCRAFT MODIFICATION AND/OR INSTRUMENTATION. OMAO Program Services and Outsourcing Division or AOC Programs Office will provide you with the appropriate addendum.				
10. Do you require dropsondes for	your project? (Please answer yes or	· no)		
If No, skip a. and b. below and go to		,		
10a. If dropsondes are required, lis	t total number needed:			
10b. Is funding available to purchase	se your dropsondes? (Please answe	r yes or no)		
11. If a NOAA Fleet aircraft is unavailable, or not economical, do you request assistance in locating a suitable aircraft to support your project/mission? (Please answer yes or no)				
12. What is the funding source? (Select one from the 3 choices)	NOAA Funds	Non-NOAA Funds	Unknown	
13. Principal Investigator/Primary F (Provide complete address, phone,		14. Funding agency/sponsor autho Operating Plan (FOP) (Provide con		
Signature & Date		Signature & Date		

CONTINUATION SHEET. Please use this page for additional comments.